



POLICY MEMO

Memo #: 2011-8-P Effective: Immediately

Date: April 20, 2011

Subject: VENA: Collecting Accurate and Essential Information/Data

To: All Local WIC Directors and Local WIC Clinic Staff

From: Chris Furner, Program Manager

The following policies replace the current policy in the Fiscal Year 2011 Policy and Procedures Manual, Section I.1, VENA, beginning on page 3. The new policy wording is highlighted in yellow.

Policy: VENA- Collecting Accurate and Essential Information/Data

These procedures will be followed when collecting anthropometric and laboratory data. For detailed procedures on collecting these data, please refer to the current anthropometric and laboratory modules.

Procedure

Required lab screening data at certification

Category and Age	Required Data	Required Charting
Infant < 7 months	<ul style="list-style-type: none">• OFC• Weight• Recumbent length	Birth to 36 month growth chart <ul style="list-style-type: none">• OFC for age• Length for age• Weight for age• Weight for length
Infant 7-9 months	<ul style="list-style-type: none">• OFC• Weight• Recumbent length	Birth to 36 month growth chart <ul style="list-style-type: none">• OFC for age• Length for age• Weight for age• Weight for length

Infant 9 months - up to 12 months	<ul style="list-style-type: none"> • OFC • Weight • Recumbent length • Hematological test at a follow up or using referral data between 9 and 12 months of age 	Birth to 36 month growth chart <ul style="list-style-type: none"> • OFC for age • Length for age • Weight for age • Weight for length
Child 12-23.9 months	<ul style="list-style-type: none"> • Weight • Recumbent length • Hematological test 	Birth to 36 month growth chart <ul style="list-style-type: none"> • Length for age • Weight for age • Weight for length
Child \geq 24 months	<ul style="list-style-type: none"> • Weight • Standing height • Hematological test 	2-5 year growth chart <ul style="list-style-type: none"> • Height for age • Weight for age • BMI for age
Pregnant Woman	<ul style="list-style-type: none"> • Prepregnant weight • Current weight • Height • Hematological test 	Prenatal Weight Gain Grid <ul style="list-style-type: none"> • Prepregnancy BMI • Current weight • Bimonthly weight gain
Breastfeeding and Postpartum Woman	<ul style="list-style-type: none"> • Prepregnant weight • Total weight gain • Current weight • Height • Hematological test 	

Policy: Referral data

Height and weight data obtained within the past 60 days can be used. Staff must document the source of the medical data in the participant's WIC file, if collected outside of the WIC clinic. Data collected for women must be reflective of their category (i.e. collected during pregnancy for a pregnant woman).

Policy: Routine maintenance of scales and measuring boards

The following procedures must be followed for each piece of laboratory equipment.

Procedure

- I. Perform **daily maintenance of scales** as follows:
 - a. Scales should be placed on a hard, non-carpet surface. If the area is carpeted, place the scale on a piece of plywood or a standing base.
 - b. Check that the scales balance at zero, daily, and after weighing every participant, by moving the ounce and pound weights to zero until the arm

rests in the center. Check digital scales between measurements to ensure zero reading. If scales do not balance at zero, notify supervisor for scale to be serviced.

- c. Clean scales every day they are in use. Check for wear and broken or faulty parts.
- d. Record cleaning, repair and replacement on the maintenance sheet for each scale.

II. Perform **yearly maintenance of scales** as follows:

- a. Have scales inspected yearly by the Utah Department of Agriculture, Weights and Measures, Market Licensing Division (801) 538-7159.
- b. If scales pass inspection, you will receive a Utah Department of Agriculture Seal that will be dated and placed directly on your scale.
- c. If scales do not pass inspection, the inspector must complete a "Small and Medium Scale Inspection Report." Make a copy and place it on the wall above the scales. Make other arrangements for weighing while scales are being serviced.
- d. Contact the State agency, advising them of the problems with your scales. Avoid using the scales until the State agency responds regarding the need for repair, and approval or disapproval to use the equipment.

III. Perform **daily maintenance of measuring boards** as follows:

- a. Clean measuring boards with disinfectant each day they are in use.
- b. Check for wear and broken or faulty parts.

IV. Perform **yearly maintenance of measuring boards** as follows:

- a. Check all boards for accuracy by:
 - i. Using a metal measuring tape;
 - ii. Checking for slippage on wall mounted boards; and
 - iii. Checking the right angle on head and foot boards.
- b. Record cleaning, repair and replacement on the maintenance sheet for each measuring board.

Policy: Blood work

For pregnant, breastfeeding, and postpartum women, and child participants, the hematological test for anemia shall be performed or obtained from referral sources at the time of certification or within 90 days of the date of certification. The

hematological test for anemia may be deferred for up to 90 days from the time of certification for applicants who have at least one qualifying nutritional risk factor present at the certification. If no qualifying risk factor is identified, a hematological test for anemia must be performed or obtained from referral sources (with the exception of presumptively eligible pregnant women). Referral data must be reflective of the participant's category (Federal Regulation 246.7 pg 363).

Procedure

- I. Blood tests should not be taken routinely for infants less than 12 months of age.
 - a. If an infant is first certified on the Utah WIC Program under 9 months of age, a hematological test is not required.
 - b. If an infant is first certified on the Utah WIC Program at 9 months of age or older, and since the next certification is not due until 6 months after the initial one, it is appropriate to obtain blood work from referral sources or at a subsequent follow up appointment near the child's first birthday (Federal Regulation 246.7 pg 363).
- II. Children who are 2 – 5 years of age must have a hematological screening at least once every 12 months. For those children with a low hematological test result at their last certification, a hematological test is required at 6 months intervals. If a child has been diagnosed with sickle cell anemia, the local agency must request a doctor's note documenting the diagnosis and that the child's blood iron level will test below normal, thus a subsequent 6 month follow up hematological test is medically unnecessary. The doctor's note needs to include the medical diagnosis, the most current hemoglobin value and notation that the child is being monitored on a regular basis. This documentation must be provided at each certification.
- III. Puncture sites for the blood draw to determine hemoglobin value need to be consistent with current procedures and recommendations. (Example of resource: "Procedures and Devices for the Collection of Diagnostic Capillary Blood Specimens; Approved Standard – Sixth Edition", Vol. 28, No. 25 by the Clinical And Laboratory Standards Institute, 2008)
- IV. All pregnant women must have their hematological test at their initial certification visit.
 - a. For breastfeeding and postpartum women, the hematological test must be performed after the termination of their pregnancy.
 - b. For breastfeeding women who are 6-12 months postpartum, no additional hematological test screenings are necessary if a test was performed after the termination of their pregnancy.

Procedure: Timeframes to collect blood work data

Women			Infants		Children	
P	B	N	< 9 mos	9-11 mos	1-2 years	2-5 years
At prenatal certification	At postpartum certification visit	At postpartum certification visit	No blood work required	Blood work obtained from referral sources or at subsequent follow up near the Child's first birthday	At each certification visit**	Once every 12 months**

If	Then
Not anemic	Follow the above schedule
Anemic	Hematological test every 6 months until anemia is resolved (except pregnant women, who will be retested at their postpartum visit).
Severe anemia	Follow as High Risk

**A child screened at 18 months whose results were within the normal range would not require another blood test until 30 months of age.

Policy: Exceptions for collecting blood

The only circumstances which would preclude drawing blood are (1) if an applicant's religious belief won't allow him/her to have blood drawn, or (2) if an applicant has a medical condition (e.g. hemophilia, fragile bones (osteogenesis imperfecta), or a serious skin disease), in which the procedure of collecting blood could cause harm to the applicant.

Procedure

- I. In the case of one of the above medical conditions, local agencies should make every effort to obtain referral data from the applicant's health care provider. However, in accordance with USDA policy, the applicant cannot be required to obtain such data at their own expense.
- II. If an applicant refuses having blood drawn for the hematological test and reasons are not included in the above circumstances, take the following steps:

- a. Explain the risks of iron-deficiency anemia and the importance for screening, i.e., low energy, irritability and compromised learning ability. Then, if the applicant **still** does not consent to the screening,
 - i. Suggest referral data from the primary care provider. Offer assistance to the client to help obtain this information from the primary care provider **Or**,
 - ii. The hematological test for anemia may be deferred for up to 90 days from the date of certification for pregnant, breastfeeding, postpartum women, and child applicants who have at least one qualifying risk factor present at the time of certification. Infants between nine and twelve months of age must have a hematological test performed or the data must be obtained from referral sources **between 9 and 12 months of age. (Federal Regulation 246.7 pg 363).**
- b. If a client continues to refuse a hematological test for anemia at the clinic or refuses to obtain this information from the primary care provider for either herself or her infant/child, please contact the State agency.

Policy: Routine maintenance of HemoCues

Always follow the manufacturer's directions when cleaning and maintaining blood work machines.

Procedure: HemoCues

- I. Perform **daily maintenance of HemoCues** as follows:
 - a. Clean HemoCues every day they are in use. Follow the manufacturer's directions.
 - b. Record cleaning on maintenance sheet for each separate HemoCue machine.
 - c. **If necessary and depending on the type of equipment, follow the manufacturer's instructions for calibration.**
- II. Perform **annual maintenance of HemoCues** as follows:
 - a. All records of cleaning, repair and replacement should be recorded on the maintenance sheet for each HemoCue machine.

Policy: Laboratory safety

WIC clinics should follow the local agency or health department policy on handling body fluids.

The Utah State Department of Health's recommendation is to follow the Centers for Disease Control and Prevention's (CDC's) "Universal Precautions for the Prevention

of Transmission of H.I.V., Hepatitis B Virus, and other Bloodborne Pathogens in Health Care Settings” published in the Morbidity and Mortality Weekly Report, June 24, 1988. A copy of this report, which is available from the Utah Department of Health Bureau of Epidemiology, is included as an appendix to the Biochemical Assessment Training Module.

All WIC clinics must have a Clinical Laboratory Improvement Amendment (CLIA) waiver on file or meet the National Committee for Clinical Laboratory Standards requirements. For information on obtaining a CLIA waiver contact:

Health Care Financing Administration
Attention: CLIA Laboratory Inquiry
PO Box 26687
Baltimore, MD 21207-0487

Policy: VENA- Information Collection in an Organized and Consistent Manner

Procedure: Midcertification Health Assessment

Infants enrolled in WIC when < 5 months of age will have a midcert health assessment between 5-8 months.

- I. The health assessment will consist of:
 - a. height, weight and OFC recorded and assessed
 - b. explanation of growth pattern
 - c. nutrition recommendations
 - d. information on dental health and fluoride
 - e. assessment of developmental readiness for various solid foods
 - f. support and continued encouragement of breastfeeding
- II. The infant schedule for the first year is as follows:

Age at certification	Age at midcert appointment	Age at next certification
Birth – 2 months	5-6 months	12 months & 18 months
3-4 months	7-8 months	12 months & 18 months
5 -6 months	None	12 months & 18 months
7-8 months	None	13 - 14 months
9-11 months	None	Certify 6 months later

Infants < 6 months of age are certified for the duration of their first year up to the day of their first birthday. Infants over 6 months of age will be certified at 6 month intervals.

- III. Infants must receive nutrition education at each clinic visit appropriate for age and nutrition risk factor.
- IV. Conditions of high risk occurring at midcert should be indicated in the computer system and managed according to the high risk policy.